

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/009863
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17	1		1			
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28	1					
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36	9					
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
55		1				
56		10		4		
57		1				
58		1				
59		1				
60		10				
61		10				
62		10				
63		1				
64		1				
65		1				
66		1		4		
67		1		4		
68		1		4		
69		1		4		
70		1		4		
71		1		4		
72		1		4		
73		1		4		
74		1		4		
75		1		4		
76		1		4		
77		1		4		
78		1		4		
79		1		4		
80		1				
81		1				
82		1				
83		1				
84		1				
85	1					
86		1				
87		1				
88		1				
89		1				
90		1				
91		1				
92	1					
93	1					
94		1				
95		1				
96		1				
97		1				
98		1				
99		1				
100		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS